# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET

| SERIAL NO. | | FILING DATE |
| --- | --- | --- |
| APPLICANT(S) | | |

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | IND | DEP | IND | DEP | IND | DEP |
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| | IND | DEP | IND | DEP | IND | DEP | | | | | | | | |
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| TOTAL IND. | | | | | | | | TOTAL IND. | | | | | | |
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